

TELECOPY/FACSIMILE TRANSMISSION

DATE: November 6, 2002

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FROM: PATRICIA A. DUFFY EXAMINER, ART UNIT 1645 FAX NUMBER: (703) 308-4426 PHONE NUMBER: (703) 305-7555

TO: Patrick Gattani

FIRM:

ATTORNEY'S DOCKET # OR SERIAL: 09 /423,698

FAX/TELECOPIER NUMBER:

317-913-0007.

COMMENTS:

Attached is a copy of the intervious summary. Original is in mail

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09/423,698.		·	
SERIAL NUMBER FILING DATE	FIRST NAMED APPLICANT	<u></u>	ATTORNEY DOCKETT NO.
	y		
		EXAMINER	
	•	ART UNIT	PAPER NUMBER
_		DATE MAILED:	
.	XAMINER INTERVIEW SUMMARY REC	CORD	
All participants (applicant, applicant's representative	re, PTO personnel):		
(1) Patrice Cathani (Re).	(3)		
(1) Patrice Gathani Chp).	.,		
(2) Fatrice Dig	. (4)		
Date of interviewi) / i/ UZ			•
Type: ☑ Telephonic ☐ Personal (copy is given	n to applicant applicant's representative).		
Exhibit shown or demonstration conducted: Ye	s 🗆 No. If yes, brief description:		
•			
Agreement was reached with respect to some	or all of the claims in question. was not reach	ed.	
Claims discussed:			
ld ntification of prior art discussed:			
•			
D scription f the general nature of what was agre	ed to if an agreement was reached, or any other c	omments: Fax co	pf of
talecon vermone - mented	ulkly indicating posecut	ion on the	above case
mar vas samman marten	11/5/102 indicating prosecut		
would be respected based of	on men out and enablement	issues not	of record . Copy
	ary mailed to address of		
should be arriving shortly			
(A fuller description, if necessary, and a copy of the attached. Also, where no copy of the amendments	e amendments, if available, which the examiner ag s which would render the claims allowable is availa	reed would render the ble, a summary thereo	claims allowable must be f must be attached.)
1. It is not necessary for applicant to provide	a separate record of the substance of the interview	v.	
Unless the paragraph below has been checked to WAIVED AND MUST INCLUDE THE SUBSTANCI action has air ady been filed, then applicant is give	E OF THE INTERVIEW (e.g., items 1-7 on the $r \sim$	erse sid of this form).	If a response to the last Office
requirements that may be present in the la	above (including any attachments) reflects a compleast Office action, and since the claims are now allow action. Applicant is not relieved from providing a second	wable, this completed	form is considered to fulfill the

PTOL-413 (REV. 2 -93)

Examiner's Signature

TRANSMISSION OK

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3473

CONNECTION TEL

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11/06 16:13

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PAGES

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RESULT

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